

EEOC FORM 131-A (11/09)

U.S. Equal Employment Opportunity Commission

CORE PHYSICIANS, LLC. 118 Portsmouth Avenue Stratham, NH 03885	PERSON FILING CHARGE
	Katherine Addie
	THIS PERSON (check one or both) <input checked="" type="checkbox"/> Claims To Be Aggrieved <input type="checkbox"/> Is Filing on Behalf of Other(s)
	EEOC CHARGE NO. 16D-2017-00051
	FEPA CHARGE NO. ED(R) 0050-17

NOTICE OF CHARGE OF DISCRIMINATION IN JURISDICTION WHERE A FEP AGENCY WILL INITIALLY PROCESS

(See the enclosed for additional information)

THIS IS NOTICE THAT A CHARGE OF EMPLOYMENT DISCRIMINATION UNDER

- ☐ Title VII of the Civil Rights Act (Title VII)
 ☐ The Equal Pay Act (EPA)
 ☒ The Americans with Disabilities Act (ADA)
- ☐ The Age Discrimination in Employment Act (ADEA)
 ☐ The Genetic Information Nondiscrimination Act (GINA)

HAS BEEN RECEIVED BY

- ☐ The EEOC and sent for initial processing to _____
 (FEP Agency)
- ☒ The **New Hampshire Commission for Human Rights** and sent to EEOC for dual filing purposes.
 (FEP Agency)

While EEOC has jurisdiction (upon expiration of any deferral requirement if this is a Title VII, ADA or GINA charge) to investigate this charge, EEOC may suspend its investigation and await the issuance of the Agency's final findings and orders. These findings and orders will be given weight by EEOC in making its own determination as to whether reasonable cause exists to believe that discrimination has occurred.

You are therefore encouraged to cooperate fully with the Agency. All facts and evidence provided by you to the Agency will be considered by EEOC when it reviews the Agency's final findings and orders. In many cases EEOC will take no further action, thereby avoiding the necessity of an investigation by both the Agency and EEOC. This likelihood is increased by your active cooperation with the Agency.

As a party to the charge, you may request that EEOC review the final findings and orders of the above-named Agency. For such a request to be honored, you must notify EEOC in writing within 15 days of your receipt of the Agency's final decision and order. If the Agency terminates its proceedings without issuing a final finding and order, you will be contacted further by EEOC. Regardless of whether the Agency or EEOC processes the charge, the Recordkeeping and Non-Retaliation provisions of the statutes as explained in the enclosed information sheet apply.

For further correspondence on this matter, please use the charge number(s) shown above.

Enclosure(s): Copy of Charge

CIRCUMSTANCES OF ALLEGED DISCRIMINATION

- ☐ Race
 ☐ Color
 ☐ Sex
 ☐ Religion
 ☐ National Origin
 ☐ Age
 ☒ Disability
 ☒ Retaliation
 ☐ Genetic Information
 ☐ Other

See enclosed copy of charge of discrimination.

Date	Name / Title of Authorized Official	Signature
January 18, 2017	Kevin J. Berry, District Director	

EEOC Form 5 (11/09)

<p>JAN 18 2017</p> <p>CHARGE OF DISCRIMINATION</p> <p><small>This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.</small></p> <p>NH COMMISSION FOR HUMAN RIGHTS</p>		<p>Charge Presented To: Agency(ies) Charge No(s):</p> <p><input checked="" type="checkbox"/> FEPA ED(R) 0050-17</p> <p><input checked="" type="checkbox"/> EEOC 16D-2017-00051</p>	
<p>New Hampshire Commission for Human Rights and EEOC</p> <p><small>State or local Agency, if any</small></p>			
Name (indicate Mr., Ms., Mrs.)		Home Phone (Incl. Area Code)	
Katherine Addie		(603) 244-5433	
Street Address		City, State and ZIP Code	
20 Hollywood Avenue		Raymond, NH 03077	
<p>Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)</p>			
Name		No. Employees, Members	Phone No. (Include Area Code)
CORE PHYSICIANS, LLC D/B/A CORE PHYSICIAN SERVICES		201 - 500	(603) 778-1620
Street Address		City, State and ZIP Code	
118 Portsmouth Avenue		Stratham, NH 03885	
Name		No. Employees, Members	Phone No. (Include Area Code)
Exeter Health Resources, Inc.		201 - 500	(603) 778-7311
Street Address		City, State and ZIP Code	
7 Holland Way		Exeter, NH 03833	
<p>DISCRIMINATION BASED ON (Check appropriate box(es).)</p> <p><input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN</p> <p><input checked="" type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input checked="" type="checkbox"/> DISABILITY <input type="checkbox"/> GENETIC INFORMATION</p> <p><input checked="" type="checkbox"/> OTHER (Specify) RSA 354-A</p>		<p>DATE(S) DISCRIMINATION TOOK PLACE</p> <p>Earliest Latest</p> <p>10-04-2016 11-03-2016</p> <p><input type="checkbox"/> CONTINUING ACTION</p>	
<p>THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):</p> <ol style="list-style-type: none"> I am a disabled person. Core Physicians hired me on or about 11/1/2004 as a full time Certified Medical Assistant at its Stratham, New Hampshire location. My reviews have generally been above average. On 6/2/16, I began medical leave. I returned to work on approximately 6/14/16. On 8/2/16, I fell and injured myself at work while assisting an ill patient. I provided a doctor's note requiring physical therapy for me to recover from the injury. I scheduled physical therapy appointments as early or late in the day as possible to minimize time away from work. On 8/22/16, I became ill at home and required medical attention. I worked the three subsequent days. 			
<p>I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.</p> <p>I declare under penalty of perjury that the above is true and correct.</p>		<p>NOTARY - When necessary for State and Local Agency Requirements</p> <p><i>[Signature]</i></p> <p>I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.</p> <p>SIGNATURE OF COMPLAINANT</p> <p><i>Katherine M. Addie</i></p> <p>SUBSCRIBED AND SWORN TO BEFORE ME ON DATE</p> <p>(month, day, year) January 14th 2017</p>	
<p>01/14/2017</p> <p><i>Katherine M. Addie</i></p> <p>Date Charging Party Signature</p>		<p>Exp: April 17th 2018</p> <p>STANCIA E. CALLAHAN</p> <p>COMMISSION EXPIRES APRIL 17, 2018</p> <p>NEW HAMPSHIRE</p>	

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CHARGE OF DISCRIMINATION

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Charge Presented To: Agency(ies) Charge No(s):

☒ FEPA

ED(R) 0050-17

☒ EEOC**16D-2017-00051****New Hampshire Commission for Human Rights**

and EEOC

State or local Agency, if any

11. On 8/26/16, I began medical leave.
12. I returned to work on 9/6/16.
13. On 10/4/16, I received a warning from Practice Manager Hope Libby related to refrigeration of vaccines during July 2016.
14. On 11/3/16, I received a second warning from Family Practice Manager Suzanne Ciufetti and Human Resources Manager Linda Currier for poor attendance and for failing to clock out when going to physical therapy.
15. Company policy does not mention the requirement to clock out for appointments necessitated by a work-related injury, and no one informed me this was necessary.
16. I marked that I went to physical therapy on all my time sheets.
17. An hour after receiving the warning, Ms. Ciufetti and Ms. Currier again asked to meet with me.
18. Ms. Ciufetti and Ms. Currier told me they were discharging me for fraudulently remaining clocked in while at physical therapy.
19. I assert that the employer discharged me due to the disability related absences for which I provided medical notes.
20. I further assert that the employer retaliated against me due to my request for the reasonable accommodation of necessary medical absences.
21. I have and continue to suffer damages, including but not limited to lost wages, lost earning capacity, lost employment benefits, emotional distress, humiliation, inconvenience, and loss of enjoyment of life. I seek all damages to which I am entitled.

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

I declare under penalty of perjury that the above is true and correct.

01/14/2017

Date

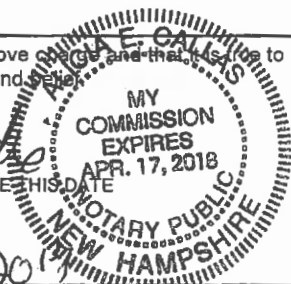
Charging Party Signature

NOTARY - When necessary for State and Local Agency Requirements

I swear or affirm that I have read the above charge and that I believe to the best of my knowledge, information and belief

SIGNATURE OF COMPLAINANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE
(month, day, year)



January 14th 2017